HCCMS Transportation Permission Slip

I, _____ give permission for my child,
(parent/guardian)

_____ , to be transported from HCCMS to **HCHS/STC/Pate**
(student)

Park/Moutrie Park/_____ for _____ activities.
(Circle 1 Destination Location) **(Name Activity)**

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Scheduled Meeting days:

Student's Name _____

Grade Level _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date:_____

Bus Number _____

Emergency Contact _____

Emergency Contact Number _____

Copy to student_____**(office staff initial and date)**
(student will give copy to bus driver)

If student is not assigned an afternoon bus or has a late bus that student will ride bus **23/20.**
(First row closest to the gym, first bus)

A separate form must be complete for each participating activity.

SBS
01/01/2025